

A Review of Gary Geddes' *Medicine Unbundled: A Journey through the Minefields of Indigenous Health Care (2017)*.

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Author and poet Gary Geddes surveys the state of health care for the Indigenous peoples of his Canadian homeland, showing that recent efforts to redress decades of systemic extermination and subjugation - perpetrated extensively through health care and educational agencies - indicate a long road ahead. Through interviews with several Indigenous individuals across the country, Geddes (a non-Indigenous, self-described "paleface") shares the experiences of those whose encounter with Western medicine and its attendant culture has been characterized by extreme violation, neglect, and marginalization. At the same time, Geddes concludes from his conversations with Indigenous interviewees that "the sharing of personal experiences provides a way of releasing...hope and its healing powers."¹

Geddes adds to an expanding and evolving body of work on restorative justice for Indigenous peoples, where dialogue between both Indigenous and non-Indigenous perspectives is slowly being forged. In a sense, Geddes' current trek continues his previous journey through the African continent, detailed in *Drink the Bitter Root: A Search for Justice and Healing in Africa*, where he reflected on the global economy's ethical and environmental impact upon African nations.

Weaving personal narratives with historical highlights, Geddes unearths the root causes underlying Indigenous health care's horrific record - specifically racism, colonialism, and greed. The encounter between Indigenous peoples and European settlers throughout North America was predicated on the latter's goal of acquiring land and resources, and either eliminating or assimilating its native residents in the process. In Canada, a series of legislative efforts eventually produced the Indian Act of 1876, implemented less than ten years after the nation was formally established by the British Parliament.² The Indian Act sought to define Indigenous identity and the rights accorded thereto; although it specifies governmental responsibilities to Indigenous peoples, the act has been aptly described as a "paradoxical document that has enabled trauma, human rights violations and social and cultural disruption for generations of First Nations peoples."³

¹ Gary Geddes, *Medicine Unbundled: A Journey through the Minefields of Indigenous Health Care* (Victoria/Vancouver/Calgary: Heritage House Publishing Company Ltd., 2017), 13.

² William B. Henderson, "Indian Act" in *The Canadian Encyclopedia*, ed. Zach Parrott (Toronto: Historica Canada, 2006), <https://www.thecanadianencyclopedia.ca/en/article/indian-act/>, July 14, 2018; W.H. McConnell, "Constitution Act, 1867" in *The Canadian Encyclopedia*, ed. Richard Foot (Toronto: Historica Canada, 2006), <https://www.thecanadianencyclopedia.ca/en/article/constitution-act-1867/>.

³ Henderson.

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Geddes observes that two institutions, empowered by the act, were key to the colonial strategy of eliminating Indigenous peoples: the residential school system and the segregated health care system. These worked together on behalf of the Canadian government to isolate Native peoples from their own communities and cultures, and from the settler population as a whole. The Indian Act made it legal to apprehend Indigenous individuals who were sick and to assign them to “Indian-only” hospitals, in the kind of racist and even sadistic paternalism that so often characterizes the colonial encounter. As it implemented the act, the Canadian government also partnered with a number of Christian denominations, both Protestant and Catholic, to create residential schools that forcibly assimilated Indigenous students. Thousands of students were removed from their families, communities, and cultures, and required to adopt Western dress, language, religion, and thought: in short, to become Canadian, or to perish.

The “unholy marriage” of residential schools and segregated hospitals profoundly - and painfully - impacted Indigenous health, and as Geddes stresses, the intergenerational effects continue to resound. Today, Indigenous peoples experience disproportionately high rates of suicide, diabetes, obesity, hypertension, depression, substance abuse, and post-traumatic stress disorder, among other conditions. From the earliest stages of the colonial encounter, Native populations were deliberately starved and malnourished, and the residential school-segregated hospital structure institutionalized these tactics. In 1882, Prime Minister John A. Macdonald openly admitted the government’s strategy, declaring that Canadian Indian affairs agents sought to restrict food supplies to Indigenous residents “until the Indians are on the verge of starvation, to reduce the expense.”⁴ Citing several studies, Geddes notes that such starvation compromised the immunity of Indigenous peoples, making them more susceptible to diseases such as smallpox and tuberculosis, which decimated Native populations. Nutritional experimentation was regularly carried out on Indigenous children at several schools, with many kept malnourished to assess the effects of various foods on control groups.

Geddes reveals that in addition to priming the Indigenous population for disease, both Canadian and U.S. settlers intentionally introduced smallpox among the Native groups in certain cases, according to mounting evidence. While commanding the British occupying force in the American colonies, Lord Jeffrey Amherst asked in a letter to a fellow officer if it would be possible “to send the Small Pox among those disaffected tribes of Indians...to reduce them.” American colonists also conspired to spread the disease, with one Pittsburgh militiaman admitting that his troops had given Indigenous residents contaminated blankets and a handkerchief, hoping it would “have the desired effect.”⁵ In 2014, affirming the existence of such evidence in its national history, the British Columbia provincial government exonerated six Tsilhqot’in chiefs hanged in 1864 for attacking settlers who had threatened the Tsilhqot’in residents with smallpox infection, concluding that the chiefs had acted to defend their people.⁶

What Geddes describes as “genocide in slow motion” accelerated in the school-hospital system, where medical experimentation, forced sterilization and abortion, sexual and physical abuse, malnutrition, and neglect were rampant. Geddes recounts several atrocities shared by his interviewees: the man who was beaten by orderlies while searching for his hospitalized brother, whom he found abandoned in the morgue, miraculously breathing after having a lung and three ribs inexplicably removed; the woman who, along with her classmates, was routinely raped by the school’s priest, and whose brother was found hanged after threatening to expose conditions at the institution. Geddes presents such excruciating narratives with humility, sensitivity, and compassion, remaining both self-aware and unobtrusive while allowing Indigenous voices to articulate their own story.

Indeed, it is through the power of these stories that Geddes hopes to help foster not only awareness but a deep and demonstrable change in Indigenous health care. He stresses the importance of story in shaping both policy and praxis, quoting Italian writer Benedetto Croce’s observation that “where there is no narrative, there is no history.”⁷ Geddes asserts that by reshaping the national narrative of Canada -- which has typically portrayed the relatively young country as a peaceful, industrious, and welcoming land - the intergenerational devastation experienced by exploited Indigenous peoples can eventually be halted and healed. As Canada confronts entrenched racist attitudes towards Indigenous peoples, barriers to adequate health care can be dismantled.

Although the Canadian government has initiated long overdue efforts to acknowledge and redress the tragic legacy of Indigenous genocide (through the Indian Residential Schools Settlement Agreement, the Truth and Reconciliation Commission of

⁴ Geddes, 66.

⁵ Ibid.

⁶ Prime Minister Justin Trudeau reaffirmed the exoneration in March 2018, delivering a formal apology to the Tsilhqot’in nation.

⁷ Andrea Nanetti and Siew Ann Chong, “The World as Seen from Venice (1205-1533): As a Case Study of Scalable Web-based Automatic Narratives for Interactive Global Histories,” *Asian Review of World Histories* 4, no. 1 (January 2016), 10, quoted in Geddes, 9.

Canada, and formal apologies), Geddes and his sources remain wary, though not without some optimism. While conceding that such measures are a step in the right direction, Geddes points to Indigenous cultures themselves as rich resources for a new modality in health care. Indeed, the concept of health in Indigenous cultures is far more holistic than that found in the settler worldview, encompassing as it does the individual as a relational being, inextricably bound to family, community, ancestry, environment, and spirituality. As the process of healing moves forward, Geddes and his sources suggest that Indigenous perspectives on health and health care can enhance those of the settler culture, producing a more dimensional, contextualized understanding of wellness and medicine.

Medicine Unbundled is a thoughtful, troubling, and eloquent journey through the Indigenous experience of Canada's health care system, a landscape alternately haunted by cries of agony, betrayal, resilience, courage, and hope. The staggering disregard for morality and ethics that defined settler treatment of Indigenous populations makes for difficult reading, but Geddes expertly braids interviews and anecdotes with an analysis in an accessible, engaging style. His reflexive approach invites the reader to self-examination and transparency. The text can seem slightly repetitive at a few points, and those unfamiliar with Indigenous and Canadian history will need to look up occasional references to follow the narrative. On balance, though, the journey is a powerful and important one that both enrages and energizes the concerned reader. Geddes navigates a terrain that is required travel for all stakeholders in any health care ecosystem, a landscape whose features are evident wherever racism, greed, colonialism, and abuse of power exist.

I. BIBLIOGRAPHY

- Geddes, Gary. *Medicine Unbundled: A Journey through the Minefields of Indigenous Health Care* (Victoria/Vancouver/Calgary: Heritage House Publishing Company Ltd., 2017).
- Henderson, William B. "Indian Act." In *The Canadian Encyclopedia*, ed. Zach Parrott (Toronto: Historica Canada, 2006). <https://www.thecanadianencyclopedia.ca/en/article/indian-act/>.
- McConnell, W. H. "Constitution Act, 1867." In *The Canadian Encyclopedia*, ed. Richard Foot (Toronto: Historica Canada, 2006). <https://www.thecanadianencyclopedia.ca/en/article/constitution-act-1867/>.
- Nanetti, Andrea, and Siew Ann Chong, "The World as Seen from Venice (1205-1533): As a Case Study of Scalable Web-based Automatic Narratives for Interactive Global Histories," *Asian Review of World Histories* 4, no. 1 (January 2016).